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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	JJM0627USPCT	
		First Named Inventor	Deborah Addison	
		COMPLETE IF KNOWN		
		Application Number	10/532520	
		I.A. Filing Date	10/24/2003	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Confirmation No.	5799
			Examiner Name	N/A
<b>As a below named inventor, I hereby declare that:</b>				
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
FLUID WOUND DRESSING (Title of the Invention)				
the specification of which				
<input type="checkbox"/> is attached hereto				
OR				
<input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) 10/24/2003 as United States Application Number or PCT International Application Number PCT/GB03/04609 and was amended on (MM/DD/YYYY) <input type="checkbox"/>				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
GB 2003/004609 0303821.3	PCT GB	10/24/2003 02/19/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/421085	10/25/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

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☐ Practitioner(s) named below:  
Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Direct all correspondence to: Customer Number  
☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Sally-Anne

Family Name  
or Surname Stephens

Inventor's  
Signature

Date

Residence: City Skipton

State North Yorkshire

Country UK

Citizenship GB

Mailing Address 3 Hurrs Road

City Skipton

State North Yorkshire

ZIP BD23 2JX

Country UK

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	First Named Inventor	Deborah Addison
	<i>COMPLETE IF KNOWN</i>	
	Application Number	10/532520
	I.A. Filing Date	10/24/2003
	Confirmation No.	5799
	Examiner Name	N/A

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**FLUID WOUND DRESSING**  
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/24/2003 as United States Application Number or PCT International Application Number PCT/GB03/04609 and was amended on (MM/DD/YYYY) ☐

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO	
GB 2003/004609 0303821.3	PCT GB	10/24/2003 02/19/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Application Serial No.	Filing Date	Status
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☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any)) Sally-Anne

Family Name  
or Surname Stephens

Inventor's  
Signature

Date

Residence: City Skipton

State North Yorkshire

Country UK

Citizenship GB

Mailing Address 3 Hurrs Road

City Skipton

State North Yorkshire

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Country UK

25 APR 2003

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	First Named Inventor	Deborah Addison
	<i>COMPLETE IF KNOWN</i>	
	Application Number	
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	Group Art Unit	
	Examiner Name	

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OR

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Application Serial No.	Filing Date	Status
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☐ Practitioner(s) named below:  
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Deborah

**Family Name**  
or Surname Addison

**Inventor's**  
**Signature**

**Date**

**Residence:** City Keasden

**State** Via Lancaster

**Country** UK

**Citizenship** GB

**Mailing Address** 2 Dovenanter Cottage

**City** Keasden, Near Clapham

**State** Via Lancaster

**ZIP** LA2 8HB

**Country** UK

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Edward

**Family Name**  
or Surname Schonfield

**Inventor's**  
**Signature**

**Date**

**Residence:** City Princeton

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 85 Dodds Lane

**City** Princeton

**State** NJ

**ZIP** 08540

**Country** USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Edward

**Family Name**  
or Surname Schonfield

**Inventor's**  
**Signature**

**Date**

**Residence:** City Princeton

**State** NJ

**Country** USA

**Citizenship** USA

**Mailing Address** 85 Dodds Lane

**City** Princeton

**State** NJ

**ZIP** 08540

**Country** USA

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**NAME OF FOURTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Peter		Family Name or Surname Wachtel	
Inventor's Signature		Date	
Residence: City Scotch Plains	State NJ	Country USA	Citizenship USA
Mailing Address 417 Roberts Lane			
City Scotch Plains	State NJ	ZIP 07076	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Sally-Anne		Family Name or Surname Norris	
Inventor's Signature		Date	
Residence: City Hellifield, Skipton	State North Yorkshire	Country UK	Citizenship GB
Mailing Address 14 Thronedale Street			
City Hellifield, Skipton	State North Yorkshire	ZIP BD23 4JE	Country UK